



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

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LOBBYIST REGISTRATION FORM

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(See back of this form for instructions)

(Type or Print Clearly)

STATE OF HAWAII
STATE ETHICS COMMISSION

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
Swanson	Anita	Lynne	599-7630
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
900 Fort St. Mall Suite 1140	Honolulu	HI	96813
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Organ Donor Center of Hawaii			599-7630
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
900 Fort St. Mall Suite 1140	Honolulu	HI	96813

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE		
Organ Donor Center of Hawaii	599-7630		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
900 Fort St. Mall Suite 1140	Honolulu	HI	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Anita L. Swanson			599-7630
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
900 Fort Street Mall Suite 1140	Honolulu	HI	96813

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy, Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Anita L. Swanson

(Signature of Lobbyist)

3/27/03

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	Anita L. Swanson	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Organ Donor Center of Hawaii		Executive Director	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
900 Fort St. Mall Suite 1140 Honolulu HI 96		599-7630	
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
Anita L. Swanson			
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
Anita L. Swanson		3/27/03	
(Signature of Authorizing Officer or Person Represented)		(Date)	